

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062829 (2)

1. Corporation Name
AMIGOS AUTO INSURANCE INC.



Principal Place of Business
7708B W HILLSBOROUGH AVE
TAMPA FL 33615

Mailing Address
7708B W HILLSBOROUGH AVE
TAMPA FL 33615-4708

3. Date Incorporated or Qualified 07/26/1996	3a. Date of Last Report
4. FEI Number 59-3391133	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
BARBA, EDUARDO
7708B W HILLSBOROUGH AVE
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name
JEFFREY W KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable)
3 AMX
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: [Signature] DATE: 1-9-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	BARBA, EDUARDO
STREET ADDRESS	7708B W HILLSBOROUGH AVE
CITY - ST - ZIP	TAMPA FL 33615
TITLE	VD <input type="checkbox"/> DELETE
NAME	MALONE, JAMES
STREET ADDRESS	7708B W HILLSBOROUGH AVE
CITY - ST - ZIP	TAMPA FL 33615
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BARBA, JOSE L
STREET ADDRESS	7708B W HILLSBOROUGH AVE
CITY - ST - ZIP	TAMPA FL 33615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PTD
1.3 STREET ADDRESS	JEFFREY W Kaplan
1.4 CITY - ST - ZIP	7708B W Hillsborough Ave TAMPA FL 33615
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, and is accompanied by an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 2813 243 10/11
Date Daytime Phone

CR2E034 (9/96)